

CALIFORNIA LIQUID WASTE HAULER RECORD

No 2500

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000454

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WCS LOCK CO ☐ ☐ ☐ ☐ Code No.Pick up Address: 13344 S. MAIS LIA (Number) (Street) (City)Telephone Number: () P.O. or Contract No.:Order Placed By: _____ Date: 8-17-78Type of Process which Produced Wastes: ☐ ☐ ☐ ☐ Code No.

(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input checked="" type="checkbox"/> Oil SOL |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Cannery waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input checked="" type="checkbox"/> Mud and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify) _____ Code No.

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	%	ppm
1. <u>NONE</u>				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				

Hazardous Properties of Waste:

pH 7 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
 Bulk Volume: 50 ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)
 Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)
 Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)
 Special Handling Instructions (if any): NONE

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): ALL AMERICAN OIL COMPANY ☐ ☐ ☐ ☐ Code No.Business Address: 8655 So. Main Street, Los Angeles 90005 (Number) (Street) (City)Telephone Number: 213 759-6145 Pick Up: 8-18-78 (Date) Time: _____ ☐ am ☐ pmState Liquid Waste Hauler's Registration No. (if applicable): 118Job No.: 03115 No. of Loads or Trips: 1 Unit No.: A2Vehicle: vacuum truck 50 barrels, ☐ flatbed, ☐ other TANK (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING & MAINTENANCE ☐ ☐ ☐ ☐ Code No.Site Address: 2324 GARFIELD MONTEREY PARK CAL

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

- ☐ recovery
☐ treatment (specify): _____
☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
☐ other (specify): _____

If waste is held for disposal elsewhere specify final location: _____ Code No.

Disposal Date: 8-18-78

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name _____

A029343